

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/12/00</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>	<i>65918</i>	<i>3/12/00</i>
FORMALITY REVIEW			<i>4-26-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	0	2-12-03	
2	✓	7-22-03	
3	✓	1-9-04	
4	✓	5-24-04	
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
12	✓		
13	✓		
14	✓		
15	✓		
16	✓		
17	✓		
18	0		
19	0		
20	0		
21	0		
22	✓		
23	✓		
24	✓		
25	✓		
26	✓		
27	✓		
28	✓		
29	✓		
30	✓		
31	✓		
32	✓		
33	✓		
34	✓		
35	✓		
36	✓		
37	✓		
38	✓		
39	✓		
40	✓		
41	✓		
42	✓		
43	✓		
44	✓		
45	✓		
46	0		
47	0		
48	0		
49	0		
50	0		

Claim	Final	Original	Date
51	0	2-12-03	
52	0	7-22-03	
53	0	1-9-04	
54	0	5-24-04	
55	0		
56	0		
57	0		
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100	0		

Claim	Final	Original	Date
101	0		
102	0		
103	0		
104	0		
105	0		
106	0		
107	0		
108	0		
109	0		
110	0		
111	0		
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150	0		

If more than 150 claims or 10 actions  
staple additional sheet here

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